DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2012 FORM APPROVED OMB NO. 0938-0391

A. BUILDING 01 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 3111 N RICHARDT STATE, ZIP CODE 3111 N RICHARDT INDIANAPOLIS, IN 48225	AND LAN OF CONNECTION			A. BUILDING 01		G 01			
VOCA CORPORATION OF INDIANA STIN N RICHARDT NO NO NO NO NO NO NO N			15G666	B. WING					
PREEIX TAG EGULATORY OR LSC IDENTIFYING INFORMATION) {K 000} INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 05/15/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 06/28/12 Facility Number: 000685 Provider Number: 150666 AIM Number: 100474600A Surveyor: Mark Caraher, Life Safety Code Specialist. At this PSR survey, Voca Corporation of Indiana was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j). Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, bedrooms and all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey. Calculation of the Pevacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the					3	3111 N RICHARDT			
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Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/28/12. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Code Specialist-Medi	cal Surveyor on 06/28/12.						

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000685

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					R 06/28/2012		
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				31	EET ADDRESS, CITY, STATE, ZIP CODE 111 N RICHARDT IDIANAPOLIS, IN 46226	00/20	572012
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	